

## 2006 Canine Care Workshop

**August 19 • Kirkville, MO**  
**August 26 • Springfield, MO**

# 2006 Canine Care Workshop



**August 19**  
**Days Inn**  
**Kirkville, Missouri**

**August 26**  
**Hawthorn Park Hotel**  
**Springfield, Missouri**

Sponsored by  
Missouri Department of Agriculture,  
U.S. Department of Agriculture  
APHIS, Animal Care &  
College of Veterinary Medicine  
in cooperation with  
MU Conference Office

## General Information

### Dates & Locations

- ✓ **August 19, 2006**  
Days Inn  
3805 South Baltimore  
Kirkville, MO  
Phone: 660-665-8244
- ✓ **August 26, 2006**  
Hawthorn Park Hotel  
2431 N. Glenstone  
Springfield, MO  
Phone: 417-831-3131  
(both programs will be the same)

There will be two opportunities to attend this educational workshop which is designed to assist pet breeders in enhancing the health and well being of their dogs. Timely information on internal and external parasites will be presented by Dr. Richard Meadows of the University of Missouri-Columbia, as well as updates from MDA and USDA.

### CEU Hours

This program qualifies for 5.5 hours of Veterinary Continuing Education and/or 5.5 hours of Blue Ribbon Kennel Continuing Education credit.

### Registration Fee

\$25.00 (fee includes lunch, refreshment breaks and proceedings)

### Questions about registration

Contact MU Conference Office at (573) 882-8320 or [muconf3@missouri.edu](mailto:muconf3@missouri.edu)

### Questions about program

Contact Dr. Jerry Eber at 573-751-3076.

## Conference Schedule

8:00 – 9:00 am

**Registration**

9:00 – 9:15 am

**Welcome & Workshop Overview**

9:15 – 9:30 am

**National Animal Care Update**

USDA -APHIS-Animal Care Representative  
TBA

9:30 – 10:00 am

**Missouri Department of Agriculture  
Update**

Dr. Shane Brookshire, *State of Missouri*

10:00 – 10:30 am

**Break**

10:30 – 11:15 am

**Kirksville: Kennel Construction Ideas and  
Related Materials**

Robert Whitely, *Animal Care Inspector*

**Springfield: Dog Diseases: Something  
Old, Something New and Something Blue**

Dr. Tracy Thompson, *Veterinary Medical  
Officer, Animal Care*

11:15 am - 12:00 pm

**Current Events on Zoonosis**

Dr. Howard Pue, *Department of Public Health*

12:00 – 1:00 pm

**Lunch**

1:00 – 1:45 pm

**Kirksville: Canine Transportation**

Jennifer Schmitz, *Animal Care Inspector*

**Springfield: Kennel Construction Ideas  
and Related Materials**

Faron Greenough, *Animal Care Inspector*

1:45 – 2:15 pm

**Disaster and Emergency Planning**

Ray Wadley

2:15 – 3:05 pm

**Parasites**

Dr. Richard Meadows, *College of Vet  
Medicine, Columbia, Missouri*

3:05 – 3:15 pm

**Break**

3:15 – 4:15 pm

**Parasites**

Dr. Richard Meadows, *College of Vet  
Medicine, Columbia, Missouri*

4:15 – 4:45 pm

**Blue Ribbon Kennel**

Dawn Wood, *Blue Ribbon Kennel*

4:45 – 5:15 pm

**Questions and Answers**

Panel of Speakers

5:15 pm

**Adjourn**

### Three ways to register

Mail in completed form and check or credit  
card information to:

Canine Care Workshop,  
MU Conference Office, 348 Hearnes Center,  
Columbia, MO 65211

Fax completed form with credit card  
information to (573) 882-1953.

Phone in registration (*credit card only*)  
(573) 882-8320.

By registering I give my permission to  
distribute my name and contact information  
to conference attendees and vendors.

If I prefer not to be included in these  
distributed lists, I will include a written  
request with my registration for my contact  
information to be omitted.

## Registration Form

### 2006 Canine Care Workshop

Name: \_\_\_\_\_

SSN: \_\_\_\_\_  
(required to issue CEU credits)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone #: (\_\_\_\_) \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Position: ☐ Veterinarian ☐ Technician

**Date and Location:**

☐ August 19, 2006 – Kirksville, MO

☐ August 26, 2006 – Springfield, MO

**Fee:** \$25.00

**Method of Payment:**

☐ Check (*Payable to University of Missouri*)

☐ Credit Card:

☐ MasterCard ☐ Visa ☐ Discover

Exp. Date \_\_\_\_\_

Card Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Printed Name of Cardholder \_\_\_\_\_

Mailing Address if Different from Applicant \_\_\_\_\_

**For Office Use Only** CEIS #51031

Customer ID# \_\_\_\_\_ Rcpt # \_\_\_\_\_